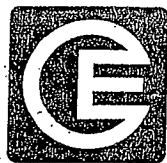


# **EXHIBIT “A”**



crescent  
electric  
supply  
company

1647  
LDW  
10/11/06  
146

Corporate Headquarters

7750 Dunleith Drive

East Dubuque, IL 61025

Office 815-747-3145

Fax 815-747-7720

Mail: PO Box 500

East Dubuque, IL 61025-4420

Must return by 4/9/07

November 2, 2006

To: Jeff Hoyt

From: Payroll

Elizabeth Montiel has requested a leave of absence due to Her accident or illness. Your branch is subject to the Family Medical Leave Act of 1993. Elizabeth has met the requirement to qualify for an FMLA leave of up to 12 weeks. During this time Her employment will remain protected and She must be restored to Her original position or an equivalent position with similar pay and benefits. Our company policy allows you to grant an additional leave that can extend a disability leave for a total period of 180 days.

During the period of time that employees are on an FMLA leave or an extended disability leave they are considered as employed and their benefit package including insurance remains in effect. Employees are responsible for their portion of their insurance premiums. Payroll will make arrangements to either collect premiums in advance or upon the employee's return. If the employee fails to return to work after his or her approved period of time they may be also be responsible for Crescent's portion of their insurance premiums.

Please indicate if you wish to extend (if necessary) Elizabeth's leave beyond the period of time required by the FMLA.

☐ I do not wish to extend Elizabeth Montiel disability leave beyond the time required under FMLA.

☒ Elizabeth Montiel disability leave can be extended, if medically necessary, up to a total of 180 days. (Can't exceed 180 days)

Branch Manager or Supervisor's signature



*Growing Together Through Customer Satisfaction*